

A Guide to Reporting Child Abuse to the California Department of Justice



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*Division of California Justice Information Services
Bureau of Criminal Information and Analysis
Child Protection Program*

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About this Guide

This guide is designed as a reference manual to assist individuals responsible for submitting the Child Abuse Investigative Report to the Department of Justice (DOJ).

The Attorney General's Child Protection Program (CPP) has prepared this guide to:

- Explain and define statutory requirements and responsibilities.
- Explain how to obtain child abuse information from DOJ.
- Assist agencies in complying with reporting requirements.

The Appendix contains forms used to request and report information; abbreviations, acronyms, and definitions; and a simplified chart showing how the process works.

Further information is available on the Attorney General website at:

<http://www.ag.ca.gov/childabuse/>

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Definitions, Abbreviations, and Acronyms

Forms:	SS 8583	- Child Abuse Investigation Report
	SS 8583	- Instruction Page
	SS 8572	- Suspected Child Abuse Report (SCAR)
	SS 8572	- Instruction Page
	BCIA 4084	- Facsimile Inquiry

Flowchart

INTRODUCTION

The Child Abuse Central Index (Index) is a tool for state and local agencies to help protect the health and safety of California's children. The Index was created by the Legislature in 1965, and is defined in Penal Code (PC) sections 11164 through 11174.31. These statutes are referred to as the Child Abuse and Neglect Reporting Act (CANRA).

The Index reflects reports of investigations completed by child protection agencies, and is used to aid with investigations and prosecutions. Information from the Index is also provided to agencies to help screen applicants for licensing or employment in childcare facilities and foster homes, to aid in background checks for child placement and adoptions, as well as peace officer pre-employment checks.

The CPP administers the Index by processing information extracted from Child Abuse Investigation Report (Form SS 8583). The CPP updates information to, and disseminates information from, the Index to authorized agencies.

As a child protective agency investigator, you may contact the CPP to determine if another agency has submitted a report with information relating to suspects and/or victims in your current investigation. Likewise, child abuse investigators from other agencies may need information you have submitted. Therefore, the reports you submit are vitally important throughout California.

The CPP disseminates Index information, including notices of new child abuse investigation reports involving the same reported suspects and/or victims.

Information on file in the Index includes:

- Names and personal descriptors of the suspects and victims;
- Reporting agency that investigated the incident;
- The name and/or number assigned to the case by the investigating agency;
- Type(s) of abuse investigated; and
- The findings of an investigation for the incident, which are either substantiated or inconclusive. (See 11165.12 PC)

Each reporting agency is required by law to forward to the DOJ a summary of every child abuse incident it investigates, unless the incident is determined to be unfounded or of general neglect. Each reporting agency is responsible for the accuracy, completeness and retention of the investigative file that substantiates a report submitted to the DOJ.

REPORTING TO THE INDEX (Form SS 8583)

11169 PC mandates reporting child abuse to the DOJ.

Specifically, 11169 PC states “An agency specified in 11165.9 PC shall forward to the DOJ a report in writing of every case it investigates of known or suspected child abuse or severe neglect....”

Child abuse investigators who work for police and sheriff’s departments, county welfare departments, and county probation departments must report to the DOJ all investigated cases of child abuse:

- 1) determined not to be unfounded, and
- 2) mandated by law to be reported (Refer to “What to Report” on page 9).

Reporting to DOJ is done once your investigation is complete.

The DOJ has prepared standardized forms for the reporting of child abuse. To help ensure the accuracy and completeness of your reports, the following is an explanation of each section of the Child Abuse Investigation Report (Form SS 8583):

GENERAL INSTRUCTIONS

- For reporting to the DOJ, use current Form SS 8583 only.
- All shaded areas on Form SS 8583 are mandatory fields. Print clearly or type.
- All information blocks should be completed by the Child Abuse Investigator (law enforcement and/or child protection agencies).
- To allow complete reporting to DOJ, mark “UK” in any field for which information is unknown or not available.
- Incomplete forms submitted to DOJ may be returned for correction. Ensure accurate and timely resubmission of forms returned to your agency.
- If you have any questions about completing the Form SS 8583, please contact the DOJ at (916) 227-3285.

FILLING OUT THE FORM SS 8583

TO BE TYPED OR PRINTED - PRESS FIRMLY - DO NOT USE FELT PEN

CHILD ABUSE INVESTIGATION REPORT To be Completed by Investigating Child Protective Agency Pursuant to Penal Code Section 11169 (SHADED AREAS MUST BE COMPLETED)		R C N A G Y	FOR DOJ USE ONLY	
A. INVESTIGATING AGENCY	1. INVESTIGATING AGENCY (Enter complete name and check type): <div style="display: flex; justify-content: space-between;"><input type="checkbox"/> POLICE <input type="checkbox"/> WELFARE<input type="checkbox"/> SHERIFF <input type="checkbox"/> PROBATION</div>		2. AGENCY REPORT NO./CASE NAME:	
	3. AGENCY ADDRESS: Street City Zip Code		4. AGENCY TELEPHONE: EXT: ()	
	5. NAME OF INVESTIGATING PARTY: TITLE		6. DATE REPORT COMPLETED: MO DA YR	
	7. AGENCY CROSS-REPORTED TO:		8. PERSON CROSS-REPORTED TO:	
	9. DATE CROSS-REPORTED: MO DA YR			
	10. ACTION TAKEN (check only one box): <input type="checkbox"/> (1) SUBSTANTIATED (Credible evidence of abuse) <input type="checkbox"/> (2) INCONCLUSIVE (insufficient evidence of abuse, not unfounded)		10A. SUPPLEMENTAL INFORMATION (Attach copy of original report) <input type="checkbox"/> (a) INCONCLUSIVE <input type="checkbox"/> (c) ADDITIONAL INFORMATION <input type="checkbox"/> (b) UNFOUNDED (false report, accidental, improbable)	
	11. Active investigation conducted per PC 11169(a)? <input type="checkbox"/> Yes <input type="checkbox"/> No* Victim(s) contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No* Suspect(s) contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> No Suspects			
	Witness(es) contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> No witnesses *Explain in comments field A.12.			
	12. COMMENTS:			

Section A. Investigating Agency

(Items in bold are mandatory data elements.)

1. Name and Type of Investigating Agency

Fill in the name of your agency and check box for appropriate type, whether police, sheriff, welfare or probation.

2. Agency Report Number/Case Number

Fill in your report number and/or the name you've assigned to the case.

3. Agency Address

Fill in the complete address of your agency.

4. Agency Telephone and Extension

Fill in either your telephone number and extension number or a number where an investigator can locate the records.

5. Name of Investigating Party and Title

Fill in your name and title.

6. Date Report Completed

Fill in date of actual completion of Form SS 8583.

7. Agency Cross-reported to

If cross-reporting was required, fill in the name of the CPA you notified about report of suspected child abuse.

8. Person Cross-reported to

Fill in the name of the person you notified about report of suspected child abuse.

9. Date Cross-reported

Fill in actual date you notified the CPA about report of suspected child abuse.

10. Action Taken

Only one action per Form SS 8583 can be submitted. The options are;

- a) Substantiated finding (abuse more likely than not occurred), or
- b) Inconclusive finding (insufficient evidence of abuse, but not unfounded).

10. A. Supplemental information

Use this section if you have previously completed and submitted to DOJ a Form SS 8583, and you want to report additional significant information. Complete information blocks 1 through 5 in Section A; and the following pertinent information blocks pertaining to the additional information:

- a) You are modifying your initial findings, or
- b) You are reporting additional facts discovered during your investigation that are significant to the case. Fill in appropriate information blocks on form (e.g., addition or deletion of suspects or victims). Attach a copy of the Original Form SS 8583.

11. Active investigation conducted per 11169(a) PC...

(...and if victims, suspect and witnesses were contacted).

In a completed active investigation, the suspects and witnesses would be contacted and interviewed. If you were unable to notice the suspect of this investigation, place explanation in the Comments field (A-12).

NOTE: an active investigation is critical and that in order to comply with the DOJ Regulations, you must complete an active investigation.

12. Comments

If you are submitting a supplemental Form SS 8583, you can describe the reason for submitting this here.

If you were unable to contact suspect for any reason, enter the reason here.

Please contact the CPP if you have any questions concerning meeting the requirements of an "active investigation."

B. INCIDENT INFORMATION	1. DATE OF INCIDENT: MO DA YR			2. TIME OF INCIDENT:	3. LOCATION OF INCIDENT:	
	4. NAME OF PARTY REPORTING INCIDENT: TITLE:				5. EMPLOYER:	6. TELEPHONE: ()
	7. TYPE OF ABUSE (check one or more): <input type="checkbox"/> (1) PHYSICAL <input type="checkbox"/> (2) MENTAL <input type="checkbox"/> (3) SEXUAL <input type="checkbox"/> (4) SEVERE NEGLECT <input type="checkbox"/> (5) GENERAL NEGLECT					
	8. IF ABUSE OCCURRED IN OUT-OF-HOME CARE, CHECK TYPE <input type="checkbox"/> (1) FAMILY DAY CARE <input type="checkbox"/> (2) CHILD CARE CENTER <input type="checkbox"/> (3) FOSTER FAMILY HOME <input type="checkbox"/> (4) SMALL FAMILY HOME					
	<input type="checkbox"/> (5) GROUP HOME OR INSTITUTION-Enter name and address:					

Section B. Incident Information

(Items in bold are mandatory data elements.)

1. Date of Incident

Fill in date the incident occurred. If you only know the month and year, and not the date, submit using the following example format: 02/00/1998.

2. Time of Incident

Fill in time the incident occurred.

3. Location of Incident

Fill in address and description of premises where incident occurred.

4. Name of Party Reporting Incident

This is the person who has contacted the CPA to report the suspected abuse. Remember, if you are the investigating party, you will list that information in Section A. Law Enforcement and Child Protection Services should not be listed in this section as the reporting party.

5. Employer

Pertains to person listed in #4.

6. Telephone

Pertains to person listed in #4.

7. Type of Abuse

Check the type of abuse. You may check one or more, as appropriate. The types of abuse captured are Physical, Mental, Sexual and Severe Neglect. General Neglect is only listed here and available as a selection when submitting a supplemental report, if applicable.

8. If Abuse occurred in Out-of Home Care, check type

The types are: Family Day Care, Child Care Center, Foster Family Home, Small Family Home or Group Home or Institution.

VICTIMS	1. NAME: Last First Middle			AKA	DOB	MO	DA	YR	APPROX. AGE:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RACE *	
	ADDRESS: Street City Zip Code			DID VICTIM'S INJURIES RESULT IN DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO NATURE OF INJURIES:								
	PRESENT LOCATION OF VICTIM:			TELEPHONE NUMBER:		IS VICTIM DEVELOPMENTALLY DISABLED [4512(a) W&I]? <input type="checkbox"/> YES <input type="checkbox"/> NO						
	2. NAME: Last First Middle			AKA	DOB	MO	DA	YR	APPROX. AGE:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RACE *	
	ADDRESS: Street City Zip Code			DID VICTIM'S INJURIES RESULT IN DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO NATURE OF INJURIES:								
	PRESENT LOCATION OF VICTIM:			TELEPHONE NUMBER:		IS VICTIM DEVELOPMENTALLY DISABLED [4512(a) W&I]? <input type="checkbox"/> YES <input type="checkbox"/> NO						

C. Involved Parties

Victims

(This section allows for the entry of two victims.)

(Items in bold are mandatory data elements.)

Name, A.K.A., DOB, Sex, Race

- Name of Victim: This includes nicknames or other names used, such as maiden names.
- DOB: Fill in the victim's date of birth. (This is important to establish victim as a minor at the time of the abuse.)
- Sex: Check appropriate box to indicate whether victim is male or female.
- Race: Refer to race types on bottom of reporting form.

Address: Fill in complete address of victim.

Did victim's injuries result in death?

Check appropriate box.

Nature of Injuries:

Describe injuries (e.g., broken bones, burns, bruises). If this information is uncovered once a report has initially been submitted, a supplemental report should be submitted responding to this question.

Present location of victim:

Fill in victim's current location, including the phone number.

Is victim Developmentally Disabled?

Refer to Welfare & Institutions Code, section 4512(a) for definition, and check appropriate box.

C. INVOLVED PARTIES	SUSPECTS	1. NAME:		Last	First	Middle	AKA	DOB	MO	DA	YR	APPROX. AGE:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RACE	*	
		ADDRESS:		Street	City	Zip Code	HGT	WGT	EYES	HAIR	SOCIAL SECURITY NUMBER:		DRIVER'S LICENSE NUMBER:			
		RELATIONSHIP TO VICTIM: <input type="checkbox"/> (1) PARENT/STEPPARENT <input type="checkbox"/> (2) SIBLING <input type="checkbox"/> (3) OTHER RELATIVE <input type="checkbox"/> (4) FRIEND/ACQUAINTANCE <input type="checkbox"/> (5) STRANGER														
		Suspect given written notice per PC 11169(b) MO DA YR <input type="checkbox"/> Yes <input type="checkbox"/> No Date notice given: If notice not given, explain in comments field A.12.														
		2. NAME:		Last	First	Middle	AKA	DOB	MO	DA	YR	APPROX. AGE:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RACE	*	
ADDRESS:		Street	City	Zip Code	HGT	WGT	EYES	HAIR	SOCIAL SECURITY NUMBER:		DRIVER'S LICENSE NUMBER:					
RELATIONSHIP TO VICTIM: <input type="checkbox"/> (1) PARENT/STEPPARENT <input type="checkbox"/> (2) SIBLING <input type="checkbox"/> (3) OTHER RELATIVE <input type="checkbox"/> (4) FRIEND/ACQUAINTANCE <input type="checkbox"/> (5) STRANGER																
Suspect given written notice per PC 11169(b) MO DA YR <input type="checkbox"/> Yes <input type="checkbox"/> No Date notice given: If notice not given, explain in comments field A.12.																

C. Involved Parties (Continued)

Suspects

(This section allows for the entry of two suspects)

(Items in bold are mandatory data elements.)

Name, A.K.A., DOB, Sex, Race

- Fill in complete name of suspect, including any nicknames or other names used, such as maiden names. If all, or any part of the suspect's name is unknown or not available, indicate by writing "UK."
- Fill in the complete date of birth of the suspect
- Check appropriate box to indicate whether suspect is male or female.
- Fill in the race of the suspect. Codes appear at the bottom of the reporting form.

Address, Height, Weight, Eyes, Hair, Social Security Number

- Fill in the complete address, height, weight, eye color, hair color and social security number and drivers license number of the suspect, if known. If not known, you may provide comments.

Relationship to Victim - Check box the appropriate category:

- parent or stepparent of victim
- brother or sister of victim
- other relative of victim
- friend or acquaintance of victim
- stranger or unknown to victim

Suspect given written notice per 11169 (b) PC

- Respond Yes or No and the date notice given. If notice was not given, explanation must be provided in Comment field (A -12).

OTHER	1. NAME: Last First Middle			<input type="checkbox"/> (1) PARENT/STEPPARENT	DOB	MO	DA	YR	APPROX.	<input type="checkbox"/> MALE	RACE	*
				<input type="checkbox"/> (2) SIBLING					AGE:	<input type="checkbox"/> FEMALE		
	2. NAME: Last First Middle			<input type="checkbox"/> (1) PARENT/STEPPARENT	DOB	MO	DA	YR	APPROX.	<input type="checkbox"/> MALE	RACE	*
				<input type="checkbox"/> (2) SIBLING					AGE:	<input type="checkbox"/> FEMALE		

*RACE CODES: W-White, B-Black, H-Hispanic, I-American Indian, F-Filipino, P-Pacific Islander, C-Chinese, J-Japanese, A-Other Asian, Z-Asian Indian, D-Cambodian, G-Guamanian, U-Hawaiian, K-Korean, L-Laotian, S-Samoan, V-Vietnamese, O-Other, X-Unknown

☐ CHECK HERE IF ADDITIONAL SHEET(S) IS ATTACHED.

SS 8583 (Rev. 5/02) PINK COPY-DOJ; WHITE COPY-Police or Sheriff; BLUE COPY-County Welfare or Probation; GREEN COPY-District Attorney's Office

C. Involved Parties (Continued)

Other

(This section allows for entry of two additional involved parties.)

- Name, Relationship, Date of Birth or approximate age, Sex, and Race

This section includes anyone else who was involved in the incident, but is neither a victim nor suspect.

Check here if additional sheet(s) is attached.

At the bottom of the form is a box to check if you are attaching additional information. If checked, this box alerts CPP staff to look for attachments. If there are more than two names for any of the above-mentioned areas; an additional page can be submitted attached to the original SS 8583 report.

Notate the RCN listed on the initial report, and include case number and date of report.

WHAT TO REPORT

11169(a) PC mandates the reporting of specific types of child abuse.

The basic categories of reportable child abuse are sexual, physical, severe neglect and willful harming or endangering (which includes mental abuse). Listed below are the statutory references and definitions thereof.

Sexual Abuse as defined in 11165.1 PC includes all of the following:

1. Rape (261 PC and 264.1 PC)
2. Incest (285 PC)
3. Sodomy (286 PC)
4. Lewd and lascivious acts upon body of child under 14 [288(a)(b) PC]
5. Oral copulation [288(a) PC]
6. Penetration of genital or anal openings by foreign object (289 PC)
7. Child molesting (647.6 PC)
8. Certain other sexual acts [11165.1(b) PC] including:
 - a. Penetration of vagina or anus by penis.
 - b. Sexual contact between genitals or anus by mouth or tongue.
 - c. Intrusion into genitals or anus by any object.
 - d. Intentional touching of genitals or intimate parts to arouse or gratify.
 - e. Intentional masturbation of perpetrator's genitals in child's presence.
9. Sexual Exploitation to include:
 - a. Sending/bringing into state for sale/distribution matter depicting sexual conduct by minors (311.2 PC)
 - b. Employment of minor to perform prohibited acts [311.4 (a) PC]
 - c. Depicting by film, photograph, videotape, etc. sexual conduct by person under 14 [311.4(a) PC]
 - d. Aiding, promoting, coercing, etc., a child to perform obscene sexual acts for the purpose of producing pictorial depictions (311.3 PC)

Physical Abuse as defined in 11165.4 PC includes all of the following:

1. Unlawful corporal punishment or injury (11165.4 PC)
2. Any acts or omissions cited in 273a PC and 273d PC

Severe Neglect as defined in 11165.2 PC

The child's welfare has been risked or endangered or has been ignored to a point that the child has failed to thrive. Generally, the standard is that a child has been physically harmed or that a very high probability exists that acts or omissions by responsible person would lead to physical harm.

Willful harming or endangering (which includes mental abuse) as defined in 11165.3 PC

The infliction of mental/emotional suffering. Although 11166(b) PC allows mandated reporters discretion of whether or not to report to you, you must still report to DOJ.

Child Death referenced in 11174.35 PC

Report any deaths resulting from physical abuse, evidence of prior physical abuse or severe neglect. If the death occurs after the initial Form SS 8583 is submitted, you must submit a supplemental Form SS 8583 indicating the change to your initial report.

WHAT NOT TO REPORT

11169(a) PC identifies what may not be reported to DOJ.

Sexual

1. Statutory Rape, as defined in section 261.5 PC, except section 261.5(d) PC .
2. Acts of consensual sexual behavior between children under 14 who are of a similar age; or, acts of unlawful sexual intercourse (statutory rape) (261.5 PC).

Physical

1. Incidents of accidental injury or injuries.
2. Reasonable force by public school employee to stop violent disturbance or to exercise physical control. (11165.4 PC, Education Code sections 44807 and 49001)
3. Mutual fights between minors. (11165.6 PC)

Neglect

1. General Neglect, which means that the person responsible for the child's welfare has failed to provide adequate care but has not physically injured the child.
2. Fetal abuse. Fetal abuse may include adversely affecting the well-being of an unborn child and evidence of illegal drugs or alcohol in just-born infant.

Child stealing unless it involves child abuse

Unfounded Reports

Reasons for unfounded reports as defined in 11169 PC, may include false reporting, improbable incidents, accidents, and events that do not constitute child abuse as defined by law.

If you have not conducted an Active Investigation

"Active Investigation" per DOJ regulations Title 11 California Administrative Code, section 901(a) means the activities of an agency in response to a report of known or suspected child abuse. For purposes of reporting information to the Child Abuse Central Index, suspected abuse; Active Investigation" means the activities of an agency in response to a report of known or suspected child abuse. For purposes of reporting information to the Child Abuse Central Index, suspected abuse; conducting interview of the victim(s) and any known suspect (s) and witness(es); gathering and preserving evidence: determining whether the incident is substantiated, inconclusive, or unfounded; and preparing a report that will be retained in the files of the investigating agency.

If you have not contacted the suspect

This does not apply if you were unable to locate the suspect or another agency (i.e. law enforcement) has asked you not to notify the suspect. Please use the Comment field to identify the reason suspect was not contacted.

WHEN TO REPORT

Send Form SS 8583 to DOJ after;

- a) you've made investigative contacts,
- b) determined that the child abuse report was not unfounded,
- c) confirmed that the suspected abuse or neglect is reportable to the DOJ as stipulated in previously mentioned statutes,
- d) and completed the investigation.

11166(j) PC requires the cross-reporting by phone immediately, and by mail within 36 hours of receiving a report of suspected child abuse from a mandated reporter or from a citizen. You may use either Forms SS 8572 or SS 8583 to cross-report.

The 36-hour cross-reporting requirement does not apply to DOJ reporting requirements. For DOJ reporting purposes, you must submit the required Form SS 8583 once you have completed your investigation.

WHERE TO SEND THE REPORT

Mail the completed, original Form SS 8583 to:

Department of Justice
Bureau of Criminal Information and Analysis
Child Protection Program
P.O. Box 903387
Sacramento, CA 94203-3870

RETENTION OF INVESTIGATIVE FILES

Sections 11170 PC and 11169 PC govern the retention of child abuse reports in the Index and affect the retention of reports by local investigative agencies.

1) Agency Retention Requirements

11169(c) PC establishes a basic requirement for agency retention of information.

“Agencies shall retain child abuse or neglect investigative reports that result in a report filed with the DOJ for the same period of time that the information is required to be maintained on the Index... Nothing in this section precludes an agency from retaining the reports for a longer period of time if required by law.”

2) DOJ Retention Requirements

11170(a)(3) PC allows for a 10 year purge for Inconclusive Reports.

“The Department of Justice shall delete *unsubstantiated* or *inconclusive* child abuse investigation reports from the Child Abuse Central Index after ten years....”

This is true only if the suspect of a report is not linked to a subsequent report. When a suspect of an Index report is linked to a subsequent report, the ten years commence from the date of receipt of the most recent report. (Originating agency will be notified via mail, by DOJ, when this occurs.)

There is no statutory or regulatory authority for the DOJ to purge information from the Index relating to a child abuse investigation if the finding of that investigation was substantiated. Therefore, investigating agencies must maintain their investigative files of substantiated child abuse investigations permanently.

INQUIRIES TO THE INDEX

11170 PC governs access to Index information.

The Index contains pertinent information from investigated reports of suspected child abuse and offers information not found in the state criminal history system that are derived from arrest and conviction data.

Information relayed by us is intended to direct you to information held by other agencies. We do not conduct investigations and do not have complete investigative files. We are a pointer system to the agency with the investigative file.

HOW TO ACCESS INFORMATION

There are three ways to request Index information. Authorized agencies may access Index information via fax, teletype, or US mail.

1. Fax Inquiries

A. Submitting Your Request:

Index inquiries will be processed via facsimile request under the following circumstances:

- Placement Of Child In Emergency Situation
- Care-Taker For Ward Of Court Or Dependent Child*
- Guardianship*
- Investigation Of Current Allegation Of Child Abuse*

Use Form BCIA 4084 for this purpose. Please indicate if you would like your response returned by telephone or by fax by circling the appropriate return phone/fax number.

Fax your inquiry request to:

Department of Justice, Child Protection Program

Fax number: (916) 227-5054

(After 4:30 p.m. on weekdays, and weekends and holiday fax requests will be automatically referred to the DOJ Command Center, which will provide the same service.)

B. Responses To Your Request

Searches resulting in a no match, and those possible matches not requiring confirmation, will generate a reply within two hours. Replies on inquiries requiring confirmation may be delayed up to 30 thirty days while DOJ contacts the reporting agency to confirm the availability and accuracy of the original report.

C. Obtaining The Form

The Form BCIA 4084 can be faxed to your agency or you may request an electronic copy. Please contact DOJ/CPP with your electronic mailing address.

* Possible matches with an existing Index record will require confirmation prior to the release of information.

2. Teletype

To access the Index via the California Law Enforcement Telecommunications System (CLETS), authorized agencies should use the following example as a format:

[Mnemonic for the Department of Justice: DOJ]

ATTENTION: Child Abuse Unit

SUBJECT: Child Abuse Central Index check for the below listed subjects.

TYPE OF INVESTIGATION: Physical

Name of Subject	Sex	Race	DOB	Subject Status
-----------------	-----	------	-----	----------------

JONES, Dorothy Louise	F	W	010185	V (Victim)
-----------------------	---	---	--------	------------

JONES, William Robert	M	W	020246	S (Suspect)
-----------------------	---	---	--------	-------------

JONES, Louise Ann	F	W	030347	S
-------------------	---	---	--------	---

REFER: Detective Joe Watkins, Child Abuse Unit Mnemonic YB

AGENCY: Los Angeles County Sheriff's Office

Responses to teletype requests will be returned via teletype unless otherwise specified.

3. US Mail

Agencies may request information via the US Mail. Complete Form BCIA 4084, and mail to DOJ/BCIA/CPP, P.O. Box 903387, Sacramento, CA 94203-3870.

APPENDIX

Definition of Terms

Active Investigation - the activities of an agency in response to a report of known or suspected child abuse. For purposes of reporting information to the Child Abuse Central Index, the activities shall include, at a minimum: assessing the nature and seriousness of the known or suspected abuse; conducting interviews of the victim(s) and any known suspect(s) and witness(es); gathering and preserving evidence; determining whether the incident is substantiated, inconclusive, or unfounded; and preparing a report that will be retained in the files of the investigating agency.

Automated Child Abuse System (ACAS) - the current system used by DOJ to electronically store reports of child abuse incidents submitted by investigating agencies. Also known as the Index and CACI.

Child - person who was a victim under the age of 18 at the time of the alleged abuse.

Child Abuse - is the same term as defined in Penal Code section 11165.6, which states the term "child abuse or neglect" includes physical injury inflicted by other than accidental means upon a child by another person, sexual abuse as defined in Section 11165.1, neglect as defined in Section 11165.2, the willful harming or injuring of a child or the endangering of the person or health of a child, as defined in Section 11165.3, and unlawful corporal punishment or injury as defined in Section 11165.4. "Child abuse or neglect" does not include a mutual affray between minors. "Child abuse or neglect" does not include an injury caused by reasonable and necessary force used by a peace officer acting within the course and scope of his or her employment as a peace officer.

Child Abuse Central Index - also known as CACI, Index, and ACAS.

Child Protective Agency (CPA) - is the investigating agency, which includes a police department, a sheriff's department, a county welfare department, or a county probation department.

Child Protective Agency Investigator - is a person employed by a child abuse investigative agency who is responsible for inquiring into the details of a report of suspected child abuse. (NOTE: Throughout this guide the use of the term "investigator" shall mean a child abuse agency investigator.)

Child Protection Program - also known as CPP, is the unit within the DOJ responsible for the maintenance of the Index.

CLETS - California Law Enforcement Telecommunications System.

Confirmation - the DOJ process of contacting the agency that submitted the report to confirm that the investigative file is still available and is not unfounded.

DOJ - Department of Justice.

General Neglect - is the same term as used in Penal Code section 11165.2(b) means the negligent failure of a person having the care or custody of a child to provide adequate food,

clothing, shelter, medical care, or supervision where no physical injury to the child has occurred. This is not reportable to DOJ.

Inconclusive Report - is the same term as defined in Penal Code section 11165.12(c). This category was originally termed "unsubstantiated report" and was renamed by Chapter 842 of the Statutes of 1997 and became effective January 1, 1998. Inconclusive as defined means a report that is determined by the investigator who conducted the investigation not to be unfounded, but the findings are inconclusive and there is insufficient evidence to determine whether child abuse or neglect, as defined in Section 11165.6, has occurred.

Index - is the same term as used in Penal Code section 11170(a). The Index is currently known as the Automated Child Abuse System (ACAS).

Investigative File or Underlying Investigative File - is the original and supplemental investigative documents developed by an agency during an investigation of a child abuse incident and that resulted in a report to DOJ.

Possible Match - this is when DOJ staff have checked a specific name as the result of an inquiry and has, based on the name and other items of personal description (date of birth, social security number, driver's license number, or address), matched that name to an existing report(s) in ACAS. The match is considered possible because it has not been confirmed absolutely with positive matching processes such as a fingerprint comparison.

Report - an entry in ACAS reporting the investigation of a suspected incident of child abuse. All mandatory information as specified in Title 11, section 903 of the California Code of Regulations must be included for the report to be entered into ACAS.

Severe Neglect - is the same term as used in Penal Code section 11165.2, which states; the negligent failure of a person having the care or custody of a child to protect the child from severe malnutrition or medically diagnosed non-organic failure to thrive. "Severe neglect" also means those situations of neglect where any person having the care or custody of a child willfully causes or permits the person or health of the child to be placed in a situation such that his or her person or health is endangered, as proscribed by Section 11165.3, including the intentional failure to provide adequate food, clothing, shelter, or medical care.

Submitting Agency - the agency that forwarded the completed report on which an ACAS entry is based.

Substantiated - an investigator has determined based upon evidence that makes it more likely than not that child abuse or neglect, as defined, occurred. Definition in Penal Code section 11165.12 (b), amended on January 1, 2005.

Suspect - a person who has been designated as a suspect in an agency's child abuse investigation and subsequently reported as such to DOJ.

Unfounded - an investigator has determined, based on facts, that there was no child abuse. Penal Code section 11165.12 states: "unfounded means . . . to be false, to be inherently improbable, to involve an accidental injury.

Victim - a person who has been designated as a victim in a child abuse investigation report and subsequently reported as such to DOJ.

APPENDIX

CHILD ABUSE INVESTIGATION REPORT

To be Completed by Investigating Child Protective Agency
Pursuant to Penal Code Section 11169
(SHADED AREAS MUST BE COMPLETED)

R
C
N

A
G
Y

FOR DOJ USE ONLY

A. INVESTIGATING AGENCY	1. INVESTIGATING AGENCY (Enter complete name and check type):				<input type="checkbox"/> POLICE <input type="checkbox"/> WELFARE <input type="checkbox"/> SHERIFF <input type="checkbox"/> PROBATION		2. AGENCY REPORT NO./CASE NAME:			
	3. AGENCY ADDRESS: Street City Zip Code				4. AGENCY TELEPHONE: EXT: ()					
	5. NAME OF INVESTIGATING PARTY: TITLE				6. DATE REPORT COMPLETED: MO DA YR					
	7. AGENCY CROSS-REPORTED TO:		8. PERSON CROSS-REPORTED TO:		9. DATE CROSS-REPORTED: MO DA YR					
	10. ACTION TAKEN (check only one box):				10A. SUPPLEMENTAL INFORMATION (Attach copy of original report)					
	<input type="checkbox"/> (1) SUBSTANTIATED (Credible evidence of abuse) <input type="checkbox"/> (2) INCONCLUSIVE (Insufficient evidence of abuse, not unfounded)				<input type="checkbox"/> (a) INCONCLUSIVE <input type="checkbox"/> (c) ADDITIONAL INFORMATION <input type="checkbox"/> (b) UNFOUNDED (false report, accidental, improbable)					
11. Active investigation conducted per PC 11169(a)? <input type="checkbox"/> Yes <input type="checkbox"/> No* Victim(s) contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No* Suspect(s) contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> No Suspects								Witness(es) contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> No witnesses *Explain in comments field A.12.		
12. COMMENTS:										

B. INCIDENT INFORMATION	1. DATE OF INCIDENT: MO DA YR		2. TIME OF INCIDENT:		3. LOCATION OF INCIDENT:			
	4. NAME OF PARTY REPORTING INCIDENT: TITLE:				5. EMPLOYER:		6. TELEPHONE: ()	
	7. TYPE OF ABUSE (check one or more): <input type="checkbox"/> (1) PHYSICAL <input type="checkbox"/> (2) MENTAL <input type="checkbox"/> (3) SEXUAL <input type="checkbox"/> (4) SEVERE NEGLECT <input type="checkbox"/> (5) GENERAL NEGLECT							
	8. IF ABUSE OCCURRED IN OUT-OF-HOME CARE, CHECK TYPE <input type="checkbox"/> (1) FAMILY DAY CARE <input type="checkbox"/> (2) CHILD CARE CENTER <input type="checkbox"/> (3) FOSTER FAMILY HOME <input type="checkbox"/> (4) SMALL FAMILY HOME <input type="checkbox"/> (5) GROUP HOME OR INSTITUTION-Enter name and address: _____							

C. INVOLVED PARTIES	VICTIMS	1. NAME: Last First Middle AKA		D O B MO DA YR		APPROX. AGE: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		RACE *			
		ADDRESS: Street City Zip Code				DID VICTIM'S INJURIES RESULT IN DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO					
		PRESENT LOCATION OF VICTIM:				TELEPHONE NUMBER:		IS VICTIM DEVELOPMENTALLY DISABLED [4512(a) W&I]? <input type="checkbox"/> YES <input type="checkbox"/> NO			
		2. NAME: Last First Middle AKA		D O B MO DA YR		APPROX. AGE: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		RACE *			
		ADDRESS: Street City Zip Code				DID VICTIM'S INJURIES RESULT IN DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO					
		PRESENT LOCATION OF VICTIM:				TELEPHONE NUMBER:		IS VICTIM DEVELOPMENTALLY DISABLED [4512(a) W&I]? <input type="checkbox"/> YES <input type="checkbox"/> NO			
	SUSPECTS	1. NAME: Last First Middle AKA		D O B MO DA YR		APPROX. AGE: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		RACE *			
		ADDRESS: Street City Zip Code				HGT WGT EYES HAIR		SOCIAL SECURITY NUMBER:		DRIVER'S LICENSE NUMBER:	
		RELATIONSHIP TO VICTIM: <input type="checkbox"/> (1) PARENT/STEPPARENT <input type="checkbox"/> (2) SIBLING <input type="checkbox"/> (3) OTHER RELATIVE <input type="checkbox"/> (4) FRIEND/ACQUAINTANCE <input type="checkbox"/> (5) STRANGER									
		Suspect given written notice per PC 11169(b) MO DA YR									
		<input type="checkbox"/> Yes <input type="checkbox"/> No Date notice given: If notice not given, explain in comments field A.12.									
		2. NAME: Last First Middle AKA		D O B MO DA YR		APPROX. AGE: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		RACE *			
ADDRESS: Street City Zip Code				HGT WGT EYES HAIR		SOCIAL SECURITY NUMBER:		DRIVER'S LICENSE NUMBER:			
RELATIONSHIP TO VICTIM: <input type="checkbox"/> (1) PARENT/STEPPARENT <input type="checkbox"/> (2) SIBLING <input type="checkbox"/> (3) OTHER RELATIVE <input type="checkbox"/> (4) FRIEND/ACQUAINTANCE <input type="checkbox"/> (5) STRANGER											
Suspect given written notice per PC 11169(b) MO DA YR											
<input type="checkbox"/> Yes <input type="checkbox"/> No Date notice given: If notice not given, explain in comments field A.12.											
OTHER	1. NAME: Last First Middle		<input type="checkbox"/> (1) PARENT/STEPPARENT <input type="checkbox"/> (2) SIBLING		D O B MO DA YR		APPROX. AGE: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		RACE *		
	2. NAME: Last First Middle		<input type="checkbox"/> (1) PARENT/STEPPARENT <input type="checkbox"/> (2) SIBLING		D O B MO DA YR		APPROX. AGE: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		RACE *		

*RACE CODES: W-White, B-Black, H-Hispanic, I-American Indian, F-Filipino, P-Pacific Islander, C-Chinese, J-Japanese, A-Other Asian, Z-Asian Indian, D-Cambodian, G-Guamanian, K-Korean, L-Laotian, S-Samoan, V-Vietnamese, O-Other, X-Unknown

☐ CHECK HERE IF ADDITIONAL SHEET(S) IS ATTACHED.

CHILD ABUSE INVESTIGATION REPORT
DEPARTMENT OF JUSTICE (DOJ) FORM SS 8583
Guidelines for Use and Completion of Form SS 8583

(For Specific Requirements Refer to the Child Abuse Reporting Law, California Penal Code Section 11165 through 11174.5)

For immediate information on potential suspects/victims, please contact the Child Abuse Unit at (916) 227-3285.

Who Must Report

Interagency Reporting

- Any police or sheriff's department, county welfare department, or county probation department (if designated by the county to receive mandated reports) must report every suspected incident of child abuse it receives to:
 - the law enforcement agency having jurisdiction over the case
 - the agency responsible for investigations under Welfare and Institutions Code Section 300
 - the district attorney's office

DOJ Reporting

- An agency must report every incident of suspected child abuse for which it conducts an active investigation and determines not to be unfounded to DOJ on the Form SS 8583.

NOTE: Reports are not accepted from non-California agencies.

What Incidents Must Not Be Reported

Interagency Reporting

- Incidents specifically exempted under cooperative arrangements with other agencies in your jurisdiction.

DOJ Reporting

- Unfounded reports - Reports that are determined to be false, to be inherently improbable, to involve an accidental injury, or not to constitute child abuse or neglect, as defined in Section 11165.6 PC (Section 11165.12 PC).
- Acts of nonexploitive, consensual sexual behavior between minors under the age of 14 years who are of similar age.
- Acts of negligence by a pregnant woman or other person(s) which adversely affect the well-being of a fetus.
- Past abuse of a child who is an adult at the time of disclosure.
- Child stealing, as defined in Sections 277 PC and 278 PC, unless it involves sexual abuse, physical abuse, mental/emotional abuse, and/or severe neglect.
- Reasonable and necessary force by school employees to quell a disturbance threatening physical injury to person or damage to property (Section 11165.4 PC).
- Statutory rape, as defined in Section 261.5 PC, except Section 261.5(d) PC (Statutes of 1997).
- Mutual fights between minors (Section 11165.6 PC).

What Incidents Must Be Reported

- Abuse of a minor child, i.e., a person under the age of 18 years, involving any one of the below abuse types:

Interagency Reporting

- sexual abuse
- physical abuse
- general neglect
- mental/emotional abuse
- severe neglect

(Refer to Section 11165.1 through 11165.6 PC for citations and definitions)

DOJ Reporting

- All of the above, excluding general neglect.
- Deaths of minors resulting from abuse or neglect.

When Must the Report be Submitted

Interagency Reporting

- Telephone notification - immediately or as soon as practical.
- Written notification - within 36 hours of receiving information concerning the incident.
- When an agency takes a report for which it lacks jurisdiction the agency shall immediately refer the case by telephone, fax, or electronic transmission to an agency with proper jurisdiction.

DOJ Reporting

- A Form SS 8583 must be submitted after an active investigation has been conducted and the incident has been determined not to be unfounded. DOJ defines "active investigation" as: the activities of an agency in response to a report of known or suspected child abuse. For purposes of reporting information to the Child Abuse Central Index, the activities shall include, at a minimum: assessing the nature and seriousness of the suspected abuse; conducting interviews of the victim(s), and any known suspect(s) and witness(es); gathering and preserving evidence; determining whether the incident is substantiated, inconclusive or unfounded; and preparing a report that will be retained in the files of the investigating agency.

NOTE: No other form will be accepted in lieu of the Form SS 8583.

The suspect(s) must be notified in writing that he/she has been reported to the Child Abuse Central Index per PC Section 11169(b).

What Information is Required

General Instructions

- All information blocks contained on the Form SS 8583 should be completed by the investigating agency. If information is not available, indicate "UNK" in the applicable information block.

Specific Instructions

- INFORMATION BLOCKS ON THE FORM SS 8583 WHICH ARE SHADED GRAY MUST BE COMPLETED. **THE SUBMITTED FORM WILL BE RETURNED TO THE CONTRIBUTOR WITHOUT FURTHER DEPARTMENT OF JUSTICE ACTION IF THE CONTRIBUTOR FAILS TO COMPLETE ANY OF THE FOLLOWING ITEMS:** the agency name and type, the agency's report number or case name; the action taken by the investigating agency; the specific type of abuse; the victim's name, birthdate or approximate age, and gender; and the suspect's name and birthdate or approximate age, and gender. If the suspect is not known, UNKNOWN must be entered. Verification must be provided that an active investigation was conducted, that victim(s), and any known suspect(s), and witness(es) were contacted. An explanation must be provided if these contacts were not made. Verification must be provided that the suspect was given written notification that he/she has been reported to the Child Abuse Central Index per Section 11169(b) PC. An explanation must be provided if there was no notification.

Section A, "INVESTIGATING AGENCY," information block 10. "ACTION TAKEN" or 10A. "SUPPLEMENTAL INFORMATION" must be completed in accordance with the following definitions (Check one of the boxes):

<div style="text-align: right; margin-bottom: 10px;">①</div> <p>10. ACTION TAKEN (check only one box):</p> <p><input type="checkbox"/> (1) SUBSTANTIATED (Credible evidence of abuse)</p> <p><input type="checkbox"/> (2) INCONCLUSIVE (Insufficient evidence of abuse, not unfounded)</p>	<div style="text-align: right; margin-bottom: 10px;">a</div> <p>10A. SUPPLEMENTAL INFORMATION (Attach copy of original report)</p> <p><input type="checkbox"/> (a) INCONCLUSIVE <input type="checkbox"/> (c) ADDITIONAL INFORMATION</p> <p><input type="checkbox"/> (b) UNFOUNDED (false report, accidental, improbable)</p>
--	---

10. ACTION TAKEN

- ① SUBSTANTIATED - Acts determined, based upon some credible evidence, to constitute child abuse or neglect, as defined in Section 11165.6 PC.
- ② INCONCLUSIVE - Acts determined not to be unfounded, but there is insufficient evidence to determine whether child abuse or neglect, as defined in Section 11165.6 PC, has occurred.

10A. SUPPLEMENTAL INFORMATION - Only use this section to update information previously submitted on Form SS 8583.

- a INCONCLUSIVE - A previously submitted Form SS 8583 indicated as "SUBSTANTIATED" is being reclassified to "INCONCLUSIVE."
- b UNFOUNDED - A previously submitted Form SS 8583 indicated as "SUBSTANTIATED," "UNSUBSTANTIATED" or "INCONCLUSIVE" is being reclassified to "UNFOUNDED."

c ADDITIONAL INFORMATION - Supplementary information is being provided for a previously submitted Form SS 8583.

Where To Send The Report Form SS 8583
(For DOJ reporting only)

Department of Justice
Bureau of Criminal Information and Analysis
P. O. Box 903387
Sacramento, CA 94203-3870
ATTENTION: Child Abuse Unit

REMEMBER

Submit completed Form SS 8583 to DOJ as soon as possible after completion of the investigation because the case information may contribute to the success of another investigation. It is essential that the report be complete, accurate and timely to provide the maximum benefit in protecting children and identifying and prosecuting suspects. If you have questions about DOJ REPORTING or need a victim or suspect name check, call the DOJ Child Abuse Unit at (916) 227-3285 or CALNET 498-3285.

SUSPECTED CHILD ABUSE REPORT

To Be Completed by **Mandated Child Abuse Reporters**

Pursuant to Penal Code Section 11166

CASE NAME: _____

PLEASE PRINT OR TYPE

CASE NUMBER: _____

A. REPORTING PARTY	NAME OF MANDATED REPORTER		TITLE		MANDATED REPORTER CATEGORY					
	REPORTER'S BUSINESS/AGENCY NAME AND ADDRESS		Street	City	Zip	DID MANDATED REPORTER WITNESS THE INCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO				
	REPORTER'S TELEPHONE (DAYTIME) ()		SIGNATURE		TODAY'S DATE					
B. REPORT NOTIFICATION	<input type="checkbox"/> LAW ENFORCEMENT <input type="checkbox"/> COUNTY PROBATION		AGENCY							
	<input type="checkbox"/> COUNTY WELFARE / CPS (Child Protective Services)									
	ADDRESS		Street	City	Zip	DATE/TIME OF PHONE CALL				
C. VICTIM One report per victim	NAME (LAST, FIRST, MIDDLE)				BIRTHDATE OR APPROX. AGE	SEX	ETHNICITY			
	ADDRESS				Street	City	Zip	TELEPHONE ()		
	PRESENT LOCATION OF VICTIM				SCHOOL	CLASS	GRADE			
	PHYSICALLY DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO		DEVELOPMENTALLY DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO		OTHER DISABILITY (SPECIFY)			PRIMARY LANGUAGE SPOKEN IN HOME		
	IN FOSTER CARE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF VICTIM WAS IN OUT-OF-HOME CARE AT TIME OF INCIDENT, CHECK TYPE OF CARE: <input type="checkbox"/> DAY CARE <input type="checkbox"/> CHILD CARE CENTER <input type="checkbox"/> FOSTER FAMILY HOME <input type="checkbox"/> FAMILY FRIEND <input type="checkbox"/> GROUP HOME OR INSTITUTION <input type="checkbox"/> RELATIVE'S HOME				TYPE OF ABUSE (CHECK ONE OR MORE) <input type="checkbox"/> PHYSICAL <input type="checkbox"/> MENTAL <input type="checkbox"/> SEXUAL <input type="checkbox"/> NEGLECT <input type="checkbox"/> OTHER (SPECIFY)			
	RELATIONSHIP TO SUSPECT				PHOTOS TAKEN? <input type="checkbox"/> YES <input type="checkbox"/> NO		DID THE INCIDENT RESULT IN THIS VICTIM'S DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
D. INVOLVED PARTIES	VICTIM'S SIBLINGS									
	NAME		BIRTHDATE	SEX	ETHNICITY	NAME		BIRTHDATE	SEX	ETHNICITY
	1. _____				3. _____					
	2. _____				4. _____					
	VICTIM'S PARENTS/GUARDIANS									
	NAME (LAST, FIRST, MIDDLE)				BIRTHDATE OR APPROX. AGE	SEX	ETHNICITY			
	ADDRESS				Street	City	Zip	HOME PHONE ()	BUSINESS PHONE ()	
	NAME (LAST, FIRST, MIDDLE)				BIRTHDATE OR APPROX. AGE	SEX	ETHNICITY			
	ADDRESS				Street	City	Zip	HOME PHONE ()	BUSINESS PHONE ()	
	SUSPECT									
SUSPECT'S NAME (LAST, FIRST, MIDDLE)				BIRTHDATE OR APPROX. AGE	SEX	ETHNICITY				
ADDRESS				Street	City	Zip	TELEPHONE ()			
OTHER RELEVANT INFORMATION										
E. INCIDENT INFORMATION	IF NECESSARY, ATTACH EXTRA SHEET(S) OR OTHER FORM(S) AND CHECK THIS BOX <input type="checkbox"/> IF MULTIPLE VICTIMS, INDICATE NUMBER: _____									
	DATE / TIME OF INCIDENT				PLACE OF INCIDENT					
	NARRATIVE DESCRIPTION (What victim(s) said/what the mandated reporter observed/what person accompanying the victim(s) said/similar or past incidents involving the victim(s) or suspect)									

SS 8572 (Rev. 12/02)

DEFINITIONS AND INSTRUCTIONS ON REVERSE

DO NOT submit a copy of this form to the Department of Justice (DOJ). The investigating agency is required under Penal Code Section 11169 to submit to DOJ a Child Abuse Investigation Report Form SS 8583 if (1) an active investigation was conducted and (2) the incident was determined not to be unfounded.

WHITE COPY-Police or Sheriff's Department; BLUE COPY-County Welfare or Probation Department; GREEN COPY- District Attorney's Office; YELLOW COPY-Reporting Party

DEFINITIONS AND GENERAL INSTRUCTIONS FOR COMPLETION OF FORM SS 8572

All Penal Code (PC) references are located in Article 2.5 of the PC. This article is known as the Child Abuse and Neglect Reporting Act (CANRA). The provisions of CANRA may be viewed at: <http://www.leginfo.ca.gov/calaw.html> (specify "Penal Code" and search for Sections 11164-11174.3). A mandated reporter must complete and submit the form SS 8572 even if some of the requested information is not known. (PC Section 11167(a).)

I. MANDATED CHILD ABUSE REPORTERS

- Mandated child abuse reporters include all those individuals and entities listed in PC Section 11165.7.

II. TO WHOM REPORTS ARE TO BE MADE ("DESIGNATED AGENCIES")

- Reports of suspected child abuse or neglect shall be made by mandated reporters to any police department or sheriff's department (not including a school district police or security department), the county probation department (if designated by the county to receive mandated reports), or the county welfare department. (PC Section 11165.9.)

III. REPORTING RESPONSIBILITIES

- Any mandated reporter who has knowledge of or observes a child, in his or her professional capacity or within the scope of his or her employment, whom he or she knows or reasonably suspects has been the victim of child abuse or neglect shall report such suspected incident of abuse or neglect to a designated agency immediately or as soon as practically possible by telephone and shall prepare and send a written report thereof **within 36 hours** of receiving the information concerning the incident. (PC Section 11166(a).)
- No mandated reporter who reports a suspected incident of child abuse or neglect shall be held civilly or criminally liable for any report required or authorized by CANRA. Any other person reporting a known or suspected incident of child abuse or neglect shall not incur civil or criminal liability as a result of any report authorized by CANRA unless it can be proven the report was false and the person knew it was false or made the report with reckless disregard of its truth or falsity. (PC Section 11172(a).)

IV. INSTRUCTIONS

- **SECTION A - REPORTING PARTY:** Enter the mandated reporter's name, title, category (from PC Section 11165.7), business/agency name and address, daytime telephone number, and today's date. Check yes-no whether the mandated reporter witnessed the incident. The signature area is for either the mandated reporter or, if the report is telephoned in by the mandated reporter, the person taking the telephoned report.

IV. INSTRUCTIONS (Continued)

- **SECTION B - REPORT NOTIFICATION:** Complete the name and address of the designated agency notified, the date/time of the phone call, and the name, title, and telephone number of the official contacted.
- **SECTION C - VICTIM (One Report per Victim):** Enter the victim's name, address, telephone number, birth date or approximate age, sex, ethnicity, present location, and, where applicable, enter the school, class (indicate the teacher's name or room number), and grade. List the primary language spoken in the victim's home. Check the appropriate yes-no box to indicate whether the victim may have a developmental disability or physical disability and specify any other apparent disability. Check the appropriate yes-no box to indicate whether the victim is in foster care, and check the appropriate box to indicate the type of care if the victim was in out-of-home care. Check the appropriate box to indicate the type of abuse. List the victim's relationship to the suspect. Check the appropriate yes-no box to indicate whether photos of the injuries were taken. Check the appropriate box to indicate whether the incident resulted in the victim's death.
- **SECTION D - INVOLVED PARTIES:** Enter the requested information for: Victim's Siblings, Victim's Parents/Guardians, and Suspect. Attach extra sheet(s) if needed (provide the requested information for each individual on the attached sheet(s)).
- **SECTION E - INCIDENT INFORMATION:** If multiple victims, indicate the number and submit a form for each victim. Enter date/time and place of the incident. Provide a narrative of the incident. Attach extra sheet(s) if needed.

V. DISTRIBUTION

- **Reporting Party:** After completing Form SS 8572, retain the yellow copy for your records and submit the top three copies to the designated agency.
- **Designated Agency:** **Within 36 hours** of receipt of Form SS 8572, send **white copy** to police or sheriff's department, **blue copy** to county welfare or probation department, and **green copy** to district attorney's office.

ETHNICITY CODES

1 Alaskan Native	6 Caribbean	11 Guamanian	16 Korean	22 Polynesian	27 White-Armenian
2 American Indian	7 Central American	12 Hawaiian	17 Laotian	23 Samoan	28 White-Central American
3 Asian Indian	8 Chinese	13 Hispanic	18 Mexican	24 South American	29 White-European
4 Black	9 Ethiopian	14 Hmong	19 Other Asian	25 Vietnamese	30 White-Middle Eastern
5 Cambodian	10 Filipino	15 Japanese	21 Other Pacific Islander	26 White	31 White-Romanian